
Request for Proposals

Third Party Administrative Services For City of Columbus Self-Funded Health Plan

Date: April 21, 2015

Proposal Location: City of Columbus, Indiana

Response Due Date and Time: June 02, 2015

NOTICE IS HEREBY GIVEN that Request for Proposals (RFP) are invited by the City of Columbus, Indiana ("the City") for all third party administrative services for the City's self-funded health insurance program.

Purpose

The City of Columbus is seeking proposals from qualified Third Party Administrator (TPA) firms to provide claims/administrative services for its self-funded health insurance program. The City's self-funded insurance program covers approximately 440 full time employees and approximately 1,000 covered participants.

Scope of Services

The City seeks to establish a contract for the following administrative services:

- Excellent customer service to employees, participants, and the City
- Medical and prescription administration
- Network access to favorable agreements with medical providers for discounted fees
- Health Services: utilization & claims review, prior authorization, case management
- COBRA Administration
- Web-based tools & access for participants and administration
- Reports of costs and claims by plan
- Worker's compensation claim processing
- Worker's compensation case management
- Summary Plan Descriptions/Summary Benefit Comparisons

Fee Structure

Each proposal shall include any and all fees for the following:

- Medical claims processing
- Worker's compensation claim processing
- Worker's compensation case management
- Pharmacy benefits
- Reporting
- PPO Network
- COBRA Administration
- Short term disability
- Other general administrative
- Commissions of any kind

Term

The proposed agreement will be for an initial three (3) year term. If mutually agreeable, the agreement may be extended for an additional two (2) years with the option to renew on an annual basis.

Proposal Submittal Requirements

Respondents shall submit five sealed copies of their proposal by the date and time included in this RFP. The outside of the envelope should clearly be marked with "Third Party Administrative Services". Transmittal letters are not to exceed one page in length. Interested respondents are encouraged to team with other firms as necessary to fulfill the requirements of the project. Submitted proposals should include the following items:

- *Attachment A- Questionnaire*

Submit to:

City of Columbus
Clerk-Treasurer's Office
City Hall
123 Washington Street
Columbus, Indiana 47201

Submit by:

9:00 a.m. Eastern on June 2, 2015

Contact for Questions:

Jeff Logston

Telephone: 812-376-2527

Email: jlogston@columbus.in.gov

Selection Process

The proponent shall be selected based on the following criteria:

- The ability to provide the requested services;
- Proposed project approach;
- Proposed fee; and
- Response to Questionnaire

The fee proposal and questionnaire will be important factors in the evaluation of responses; however, the City of Columbus may select the bid that demonstrates the “best value” in meeting the objectives of the RFP rather than selecting the lowest cost bidder.

Other Information

The sealed proposals received prior to 9:00 a.m. on June 2, 2015 will be opened publicly on June 2, 2015 as part of a regular Board of Public Works and Safety meeting, which commences at 10.00 a.m. Only the names of the companies responding will be disclosed so as to avoid disclosure of contents to competing bidders during the evaluation and negotiation process. All documents submitted as part of the bidder’s proposal will be deemed confidential during the evaluation process. Bidder proposals will not be available for review by anyone other than the evaluation team or its designated agents.

The awarding agency reserves the right to reject any and all proposals, to award the contract to other than the highest proposer, to negotiate the terms and conditions of all and/or any part of the proposals, and, in general, to make the award in the manner as determined to be in their best interest and its sole discretion.

The awarding agency is not responsible for any costs or expenses incurred in preparing and submitting information in response to this RFP.

All material submitted will become the property of the awarding agency.

Late proposals, and faxed or e-mailed proposals, will not be accepted.

The awarding agency or its designee may request, after the submission date, additional information or written clarification of a proposal. However, proposals may not be amended after the submission date unless permitted by the awarding agency.

Attachment A

Administrator Contact Information

Administrator Name:					
Street Address:					
City:		State:		Zip:	
Mailing Address (if different from Street Address):					
City:		State:		Zip:	
Contact Name:					
Phone #:					
Email Address:					

Questions for Prospective Third Party Administrators / Administrative Services Only Vendors

1. **Ownership.** Please describe the ownership of your organization. Because the industry has experienced considerable downsizing and consolidation, it is important we understand the type of ownership you experience. Please include as many of the following points in your answer.
 - a. Who owns your business? If privately owned, name the owners.
 - b. How many years in business?
 - c. How many employees?
 - d. How many self-funded clients?
 - e. What is your average client size?
 - f. How many employee lives?
 - g. How many governmental clients?
 - h. Describe your optimal client.
 - i. Has your firm been involved in the purchase of other related firms? Please describe.
 - j. Any mergers/acquisitions planned?
 - k. If privately owned, how long has the current ownership been in place?
 - l. Are the owners involved in the operation of your business?
 - m. What are the long term goals of the owners?
 - n. How many processing centers are there and where are they located?
2. **Organizational Structure.** Please describe the service model you employ.
 - a. Will there be a point person assigned to our account who is responsible for the overall success of our plan? If yes, please provide information about that person relative to his/her qualifications, length of time with your organization and his/her ability to make

decisions that may affect your organization. Indicate the office location of this person. Does this person have a direct dial number and voicemail availability? With how many clients does this person currently work?

b. **Claims Adjudication.**

- i. Describe your set up. Will we be assigned an individual adjudicator, a team of adjudicators or any one of many? Do you employ a call center for claimant inquiries? Where will the adjudicators and/or call center be located? When claimants call to discuss a claim what will they encounter, relative to the phone system and ability to reach a resolution to their issue?
- ii. With whom does the employer contact to discuss claim issues? Can claimants meet directly with a representative of your claims department to discuss sensitive issues?
- iii. Will the claimant reach a voice mail system? If so, when can the claimant expect a return call?
- iv. What level of electronic claims processing is employed by your firm?
- v. What is the maximum number of covered lives assigned to each processor? How is this determined?
- vi. What is your current turn-around time on “clean” claims? What are your accuracy results? How is this determined?
- vii. Describe your processor training process. What level of experience will our processor(s) have? What are their claim dollar limits?
- viii. Any planned system conversions? Have you gone through any type of conversion recently?
- ix. What is your process for appealing a claim?
- x. What is your recourse for overpayment of claims?

c. **Eligibility Administration.**

- i. Will we be assigned an individual adjudicator, a team of adjudicators or one of many? Do you employ a call center for eligibility inquiries? Where will the adjudicators and/or call center be located? When plan participants call to discuss a claim what will they encounter relative to the phone system and ability to reach a resolution to their issue?
- ii. Will the participant reach a voice mail system? If so, when can they expect a return call?
- iii. With whom does the employer contact to discuss eligibility issues? Can they meet directly with a representative of your eligibility department to discuss sensitive issues?

d. **COBRA Administration.** Describe the structure of this department or service. Is this service outsourced or provided by your organization?

e. **Pharmacy Benefit Manager (PBM).**

- i. With whom do you currently interface? Do you mandate a particular PBM?
 - ii. Do you have a proprietary system?
 - iii. Does your PBM allow for a pepm fee and no overrides?
 - iv. What level of integration is there with your claims system?
 - v. As we have placed an emphasis on our HSA option, describe the level of integration between your claims system and the PBM. How will medical claims and prescriptions be applied to the deductible and communicated to providers and pharmacies? If there is an electronic interface, what is the frequency of this transmission?
 - f. **Customer Service Quality Assurance Checks.** Describe checks and balances you employ to assure quality service. What audits are in place for work performed? Do you audit telephone correspondence and/or email transmissions?
 - g. **Medical Identification Cards.**
 - i. Describe where, how and by whom these are produced.
 - ii. What is the turnaround time once eligibility is properly communicated?
 - iii. How can employees request additional cards?
 - iv. What information is included on the card? Is the Pharmacy Benefit Manager information included?
 - h. Describe your disaster recovery plans.
 - i. What are your hours of operation?
 - j. Describe your voice mail operations.
3. **Technology and Customer Service.** Describe the technology you employ to provide 24/7 access for claimants.
- a. Is it a proprietary system or one you purchased from another vendor?
 - b. What level of customization is available?
 - c. What services are available through this technology?
 - d. What level of communication interface with your employees is available?
 - e. Is part of your standard services or are there additional fees involved?
4. **Technology and Claims Management.** Describe what technology you employ to provide claims management and/or access to reporting.
- a. Are they proprietary systems or ones you purchased from another vendor?
 - b. What services are available through this technology?
 - c. What consumer decision support tools are available?
 - d. Is it part of your standard services or are there additional fees involved?
 - e. Can our reporting be accessed via the Web? Can access be granted to our consultant?
 - f. What level of detail can you illustrate on your reports? Describe how we gain access to a customized report? Is there an additional charge? Please provide samples of your reporting.

- g. Describe your processes/procedures for protecting PHI in your day-to-day operations (ie Do you use email encryption software when sending sensitive data? How are paper files handled?, etc).
5. **Stop Loss.**
- a. Do you provide stop loss contracts directly from your company or do you employ third party carriers?
 - b. With which stop loss carriers do you currently work?
 - c. How do you choose the carriers with whom you work?
 - d. Will you allow our consultants to shop the stop loss or do you mandate this service be done in-house?
 - e. Are there stop loss carriers with whom you won't or can't work? If yes, please explain.
 - f. Can you provide the required reports directly to the carriers? i.e. Monthly Aggregate and Specific reporting. Please provide samples of all of your reporting packages.
 - g. Do you have experience with Specific Corridors? Can your reports reflect these variances?
 - h. Describe the strategy you employ at renewal when you control the stop loss. What is your tendency to suggest a change in carriers?
6. **Billing.**
- a. Describe your billing format. Please provide a sample copy.
 - b. Can you provide a departmental breakout of reporting if requested?
 - c. Do you provide an electronic billing?
 - d. What flexibility do you offer your clients in how they receive their billings?
 - e. Who from your office provides the billing? Where are they located? Can our client meet directly with them if necessary?
7. **Precertification and Case Management Services.** As the purpose of these services is to help contain expenses and provide patient advocacy for our claimants, please explain.
- a. Is this a proprietary service or one you contract with an outside vendor?
 - b. Describe your services relative to patient advocacy.
 - c. Describe the integration with your system.
 - d. What communication (verbal or electronic) is there once a potential catastrophic claim is discovered by a claims processor? How is case management notified?
 - e. Will you assign a dedicated case manager to our group with regular communication to our client contact?
 - f. Describe the typical communication with clients relative to large claims.
8. **Wellness.**
- a. Describe your capabilities relative to wellness consulting.
 - b. Do you employ a dedicated wellness consultant or do you have access to this service? If yes, please provide their background and education history.
 - c. What tools are employed to assist your clients in detecting areas of concern within their organization? Health Risk Appraisal, Biometric Screenings, Claims Software, Predictive Modeling, etc.

- d. Is this a standard service or an additional charge? Please explain.
- e. Can and will you integrate with an outside vendor, providing an electronic feed of reporting necessary for their programs?
- f. Do you provide only proprietary programs or are you willing to coordinate freestanding programs?

9. Networks.

- a. Do you have a proprietary network or do you offer discounts through a third party?
- b. What networks do you offer your clients?
- c. What networks do you offer for out of area charges? Describe this process.
- d. Do you offer a National network?

10. HSA/Consumer Driven Health Plan Administration.

- a. Describe your abilities and experience in providing CDHP administration and support.
- b. Do you provide any consumer assistance in becoming better healthcare buyers?
- c. Do you mandate a particular banking arrangement?
- d. What is your level of coordination with the client's banking?
- e. What percentage of your clientele offers either an HSA option or a stand-alone HSA plan?
- f. What support do you provide during enrollments?

11. FSA Administration

- a. Describe your FSA capabilities.
- b. Where are the administrative offices located?

12. Compliance Assistance.

- a. Do you employ an attorney for assistance in maintaining customer compliance? Work with a third party?
- b. Explain how compliance questions are answered.
- c. Is there a charge for compliance assistance?

13. Plan Documents.

- a. Describe the process in drafting the new Plan Document.
- b. Is there a charge for this?
- c. Is there a charge for amendments?
- d. Who is responsible for the drafting of the Plan?
- e. Are there limits in the wording of the Plan? Does the client have complete control of their benefits or are there parameters that must be maintained?
- f. Any additional charges for dual plan benefit offerings?
- g. Describe the process and charges involved in offering benefit booklets.

14. Performance Guarantees.

- a. Do you have any Performance Guarantees in place with any current client?
- b. Are you willing to put a portion of your fees at risk if services are not as promised?

15. Implementation Process for a new group.

- a. Please describe your process for implementing a new group.
 - b. What kind of support do you provide during the enrollment process?
 - c. Do you have implementation meetings?
 - d. Do you provide an implementation timeline?
16. **References.** Please include two references from current clients and one from a client that terminated your services

Please include any information about your company that would be of interest to us and would make you stand out when compared to your competitors. What services do you offer that we've not discussed above?

Questionnaire Completed by (print name): _____

Title: _____

Signature: _____

Date Completed: _____